



New York State
Senator Greg Ball
40TH SENATE DISTRICT
BALL.NYSENATE.GOV



SAFE CHILD BOOK

Your Child's Identification Record



NEW YORK
STATE SENATE
NYSENATE.GOV

10 TIPS FOR PROTECTING YOUR CHILD

1. Don't just preach "stranger danger"—teach your child to recognize and avoid situations that may actually place him or her in danger.
2. Make sure that your child has memorized your home phone number, address, and 911.
3. Identify registered offenders in your area using www.familywatchdog.us.
4. Teach your child the buddy system: always walk with at least one other child.
5. Practice drills with your child that include what to do if they are accidentally separated from you in a public place, or in the event of a kidnapping.
6. Teach your child to yell "You're not my parent!" if they are approached by someone he or she doesn't know.
7. Many abductions occur at the hands of family or friends. If someone other than yourself is picking up your child, develop a "safe word" with your child and have that person tell your child the "safe word." If that person does not know the "safe word," your child should refuse to go.
8. Restrict your child's access to the internet—know the sites your child is visiting and with whom your child is communicating.
9. Watch for any behavioral changes that may cause your child to drop his or her guard or fail to consider the possible dangers of certain situations.
10. Talk with your children and help them think proactively about how to protect themselves when you are not with them.



Dear Neighbor,

Recent data predict a troubling reality for parents: nearly 800,000 children may be reported missing this year (about 2,200 a day). While most of these children are never in real danger and will be found relatively quickly, some, sadly, are never seen again. Roughly 114,000 children face actual abduction attempts every year.

The minutes and hours immediately following a child's disappearance are the most critical. New York State's Amber Alert helps get the word out quickly to the public and to local law enforcement agencies that an abduction has occurred. However, there are extra precautions that parents can take. To provide parents with easy access to much of the information they will need to supply local authorities, I have put together a Child Safety Record. Fill out this record and update it every year with your child, and keep it in a safe and readily available location.

Once completed, these documents will contain a detailed profile of the missing child. In a race against time, the profile may help authorities find him or her more quickly. I've also included ten of the most common tips advised by law enforcement to protect your child.

As unlikely as it is that your child will ever be in this situation, should the unthinkable happen, you will be glad you took the time to compile this vital information into one document. As always, feel free to contact my office with any questions or if I can be of any further assistance.

Sincerely,

Senator Greg Ball

More Resources for Parents

For more information about the Amber Alert Plan, call the Missing and Exploited Children Clearinghouse at 1-800-FIND-KID (1-800-346-3543) or criminaljustice.state.ny.us/missing/

NATIONAL HOTLINES:

Child Find of America

1-800-I-AM-LOST (1-800-426-5678) or www.childfindofamerica.org

National Center for Missing and Exploited Children

1-800-843-5678 or www.missingkids.com

Covenant House Ninline Runaways

1-800-999-9999 or www.covenanthouse.org/ninline

SAFETY COUNTS: Your Child's Identification Record

This is your child's private record of personal information to be given to police if it is ever needed. Keep this record in a safe and accessible location.

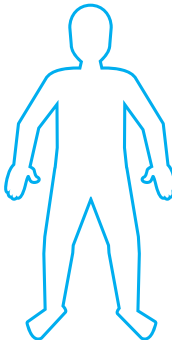
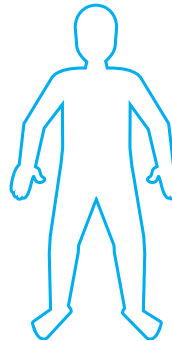
LAST			FIRST			MIDDLE			GENERAL INFORMATION
Child's Full Name						Child's Social Security Number			
MONTH	DAY	YEAR	HOSPITAL			CITY	STATE	COUNTRY	
Child's Birthday			Child's Birthplace						
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Biracial <input type="checkbox"/> Other						Eye Color		Hair Color	
LAST			FIRST			MIDDLE			
Mother's Full Name						Mother's Social Security Number			
LAST			FIRST			MIDDLE			
Father's Full Name						Father's Social Security Number			

FIRST NAME		LAST NAME		ADDRESS		PHONE		MEDICAL RECORDS
Primary Care Physician								
Allergies		Physical Handicaps		Chronic Illnesses		Blood Type	ROOTS AND FOLLICLES Hair Sample	

FIRST NAME		LAST NAME		ADDRESS		PHONE		DENTAL RECORDS
Dentist								

Attach a copy of your child's Dental X-rays

Use the boxes to the right to indicate identifying marks on front and back —birthmarks, scars, moles, piercings, etc.— with descriptions.

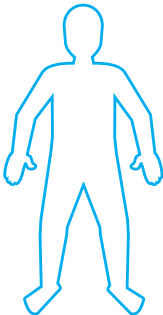
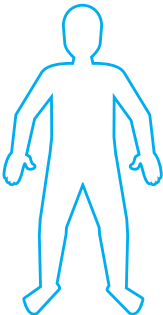
	FRONT	BACK		IDENTIFYING CHARACTERISTICS
				

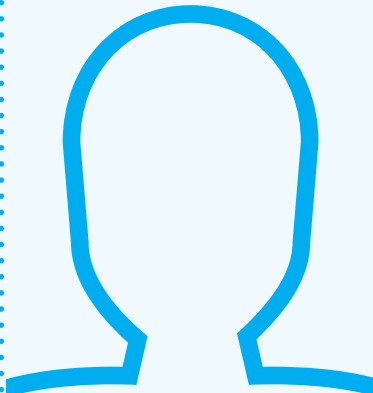
You can take this form to your local police department with your child. Use the area to the right or attach the form provided by the police.

LEFT PINKIE	LEFT RING	LEFT MIDDLE	LEFT INDEX	LEFT THUMB	FINGER-PRINTS
RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT PINKIE	

GENERAL INFORMATION	STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
	Child's Home Address				
	STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
	Mother's Home Address				MOTHER'S CELL PHONE
	STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
	Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

IDENTIFYING CHARACTERISTICS	HEIGHT	WEIGHT	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
	Height	Weight	Hair		Clothing Size			
	Physical Handicaps				Particular Mannerisms			

	FRONT	BACK	
			



Attach a current photo of your child here

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS	FIRST NAME	LAST NAME		PRIMARY PHONE	
	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
	Primary Care Physician				
	Medications		Allergies	Illnesses	

DENTAL RECORDS	FIRST NAME	LAST NAME		PRIMARY PHONE
	STREET ADDRESS	#	CITY	STATE
Dentist				[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]

OTHER CONTACT INFORMATION	FIRST NAME	LAST NAME		PRIMARY PHONE	
	STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
	PRIMARY WORK ADDRESS	#	CITY	STATE	WORK PHONE
Emergency Adult Contact Information					

	STREET ADDRESS	#	CITY	STATE
NAME	TEACHER'S NAME		PHONE	
Day Care/Pre-School Contact Information				

FIRST NAME	LAST NAME		PRIMARY PHONE	
STREET ADDRESS	#	CITY	STATE	SECONDARY PHONE
Babysitter Contact Information				

NOTES

Any other relevant information that might assist police officers

Any other relevant information that might assist police officers

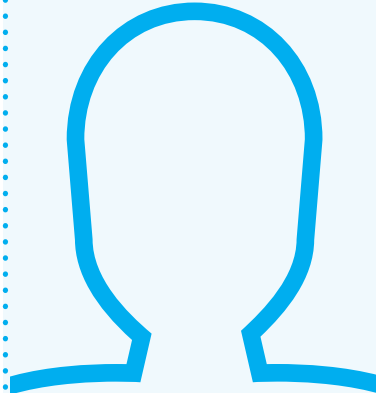
GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

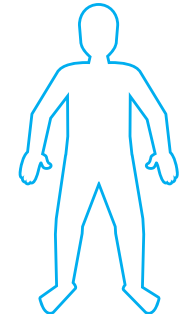
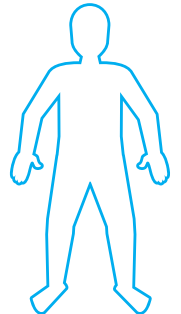
HEIGHT	WEIGHT	HAIR	SHIRT	PANTS	SHOE

Physical Handicaps Particular Mannerisms



Attach a current photo of your child here

CHILD WEARS GLASSES

FRONT	BACK
	

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY	STATE SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY	STATE SECONDARY PHONE
Dentist		
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY	STATE SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY	STATE WORK PHONE
Emergency Adult Contact Information		
NAME	STREET ADDRESS	# CITY STATE
	TEACHER'S NAME	PHONE
Day Care/Pre-School Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY	STATE SECONDARY PHONE
Babysitter Contact Information		

NOTES

Any other relevant information that might assist police officers


GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

'	"	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Height	Weight	Hair			Clothing Size			
Favorite Activities					Favorite Foods			
Physical Handicaps					Particular Mannerisms			
FRONT		BACK						

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)



Attach a current photo of your child here

CHILD WEARS GLASSES

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS # CITY STATE	TEACHER'S NAME PHONE
Day Care/Pre-School Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		

NOTES


Any other relevant information that might assist police officers

GENERAL INFORMATION

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S CELL PHONE
Mother's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S SECONDARY WORK PHONE
Father's Home Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S CELL PHONE
Father's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				
				FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

HEIGHT	WEIGHT	HAIR	SHIRT	PANTS	SHOE
Favorite Activities			Favorite Foods		
Physical Handicaps			Particular Mannerisms		
FRONT		BACK			



Attach a current photo of your child here

CHILD WEARS GLASSES

LEFT-HANDED RIGHT-HANDED

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
PRIMARY WORK ADDRESS	#	CITY
Emergency Adult Contact Information		

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		

NAME	STREET ADDRESS	#	CITY	STATE
Day Care/Pre-School Contact Information		TEACHER'S NAME	PHONE	

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Babysitter Contact Information		

NOTES

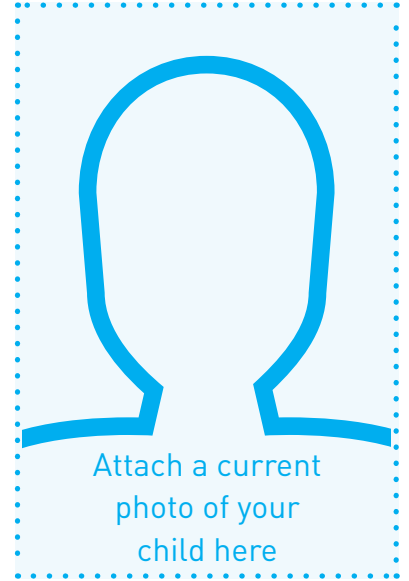
Any other relevant information that might assist police officers

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	Color	Style	Length	Shirt	Pants	Shoe
Physical Handicaps		Favorite Activities		Favorite Foods			
Particular Mannerisms		Frequently Visited Locations					
FRONT		BACK					



- CHILD WEARS GLASSES
- LEFT-HANDED RIGHT-HANDED

Nickname(s) of Child

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician	STATE	SECONDARY PHONE
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist	STATE	SECONDARY PHONE

[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
PRIMARY WORK ADDRESS	#	CITY
Emergency Adult Contact Information	STATE	WORK PHONE
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends	STATE	PARENT'S NAME
NAME	STREET ADDRESS	#
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
AFTER-SCHOOL ACTIVITY	DAYS	TIME
AFTER-SCHOOL ACTIVITY	DAYS	TIME
After-School Activities	STREET ADDRESS	CITY
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Babysitter Contact Information	STATE	SECONDARY PHONE

NOTES

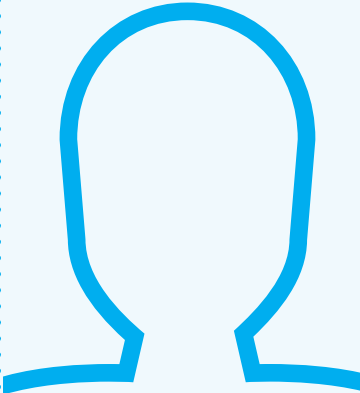
Any other relevant information that might assist police officers

GENERAL INFORMATION

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				

IDENTIFYING CHARACTERISTICS

HEIGHT	WEIGHT	HAIR	SHIRT	PANTS	SHOE
Physical Handicaps			Favorite Activities		Favorite Foods
Particular Mannerisms			Frequently Visited Locations		



Attach a current photo of your child here

CHILD WEARS GLASSES
 LEFT-HANDED RIGHT-HANDED

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
PRIMARY WORK ADDRESS	#	CITY
Emergency Adult Contact Information		

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME		
School Information				

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
After-School Activities					

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Babysitter Contact Information		

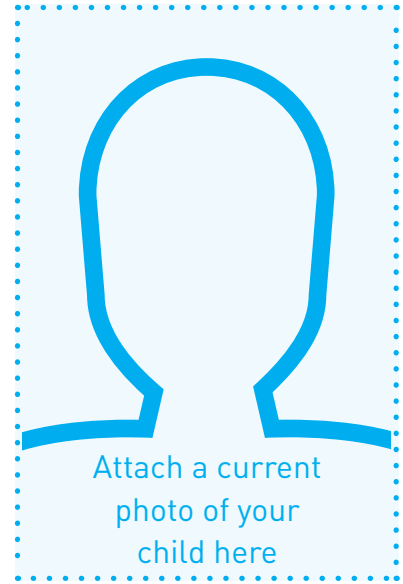
NOTES

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	Color	Style	Length	Shirt	Pants	Shoe
Physical Handicaps		Favorite Activities		Favorite Foods			
Particular Mannerisms		Frequently Visited Locations					
FRONT		BACK					



- CHILD WEARS GLASSES
- LEFT-HANDED RIGHT-HANDED

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	SECONDARY PHONE	
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	SECONDARY PHONE	
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]

OTHER CONTACT INFORMATION

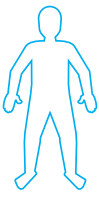
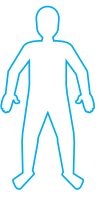
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	#	CITY
STATE	WORK PHONE	
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	PARENT'S NAME	
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	PARENT'S NAME	
Child's Friends		
NAME	STREET ADDRESS	#
PRIMARY PHONE	CITY	STATE
SECONDARY PHONE		
PRINCIPAL'S NAME	TEACHER'S NAME	
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
After-School Activities		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
STATE	SECONDARY PHONE	
Babysitter Contact Information		


NOTES

Any other relevant information that might assist police officers

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				CHILD'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				MOTHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				FATHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE

GENERAL INFORMATION

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Hair		Clothing Size						
Physical Handicaps			Favorite Activities		Favorite Foods			
Particular Mannerisms			Frequently Visited Locations					
FRONT		BACK						
								



Attach a current photo of your child here

CHILD WEARS GLASSES

CHILD WEARS CONTACT LENSES

IDENTIFYING CHARACTERISTICS

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		STATE
Medications		Allergies
		Illnesses

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		STATE
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Emergency Adult Contact Information		STATE
PRIMARY WORK ADDRESS		WORK PHONE

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		STATE
PARENT'S NAME		
PARENT'S NAME		

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME	PRINCIPAL'S NAME	
School Information				

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
After-School Activities					

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Babysitter Contact Information		STATE
SECONDARY PHONE		

Child's email addresses	Child's Screennames	Frequently Visited Websites
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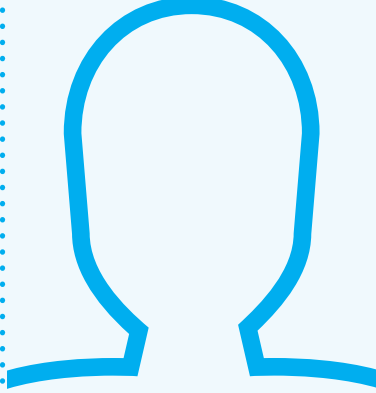
NOTES

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Hair		Clothing Size						
Physical Handicaps			Favorite Activities		Favorite Foods			
Particular Mannerisms			Frequently Visited Locations					
FRONT		BACK						



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

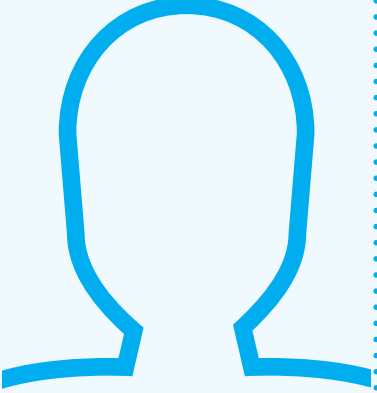
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS	# CITY STATE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
AFTER-SCHOOL ACTIVITY	DAYS	TIME
After-School Activities		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		
Child's email addresses	Child's Screennames	Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address				MOTHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
		Hair		Clothing Size				
Physical Handicaps			Favorite Activities			Favorite Foods		
Particular Mannerisms			Frequently Visited Locations					
FRONT		BACK						



Attach a current photo of your child here

CHILD WEARS GLASSES

CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.) Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE	MEDICAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Primary Care Physician			
Medications	Allergies	Illnesses	

FIRST NAME	LAST NAME	PRIMARY PHONE	DENTAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]	
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE	

FIRST NAME	LAST NAME	PRIMARY PHONE	OTHER CONTACT INFORMATION
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE	
Emergency Adult Contact Information			
FIRST NAME	LAST NAME	PRIMARY PHONE	
STREET ADDRESS	# CITY STATE	PARENT'S NAME	
FIRST NAME	LAST NAME	PRIMARY PHONE	
STREET ADDRESS	# CITY STATE	PARENT'S NAME	

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME
School Information				
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY STATE

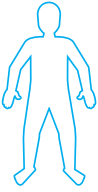

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		
Child's email addresses	Child's Screennames	Frequently Visited Websites


NOTES	
Any other relevant information that might assist police officers	

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Hair		Clothing Size						
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT			BACK					
								



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]
<input type="checkbox"/> Wears Braces or Other Dental Appliance	IF YES, INDICATE TYPE	

OTHER CONTACT INFORMATION

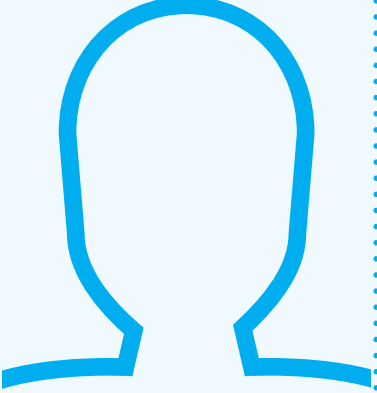
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS # CITY STATE	PRIMARY PHONE
NAME	STREET ADDRESS # CITY STATE	SECONDARY PHONE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
After-School Activities		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		
Child's email addresses	Child's Screennames	Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION
Child's Home Address				CHILD'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE	
Mother's Home Address				MOTHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE	
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE	
Father's Home Address				FATHER'S CELL PHONE	
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE	
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE	

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
		Hair				Clothing Size		
Physical Handicaps				Favorite Activities				
Particular Mannerisms				Frequently Visited Locations				
FRONT		BACK						



Attach a current photo of your child here

CHILD WEARS GLASSES

CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.) Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE	MEDICAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Primary Care Physician			
Medications	Allergies	Illnesses	

FIRST NAME	LAST NAME	PRIMARY PHONE	DENTAL RECORDS
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
Dentist			[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE	

FIRST NAME	LAST NAME	PRIMARY PHONE	OTHER CONTACT INFORMATION
STREET ADDRESS	# CITY STATE	SECONDARY PHONE	
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE	
Emergency Adult Contact Information			

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE

Child's email addresses		Child's Screennames	Frequently Visited Websites
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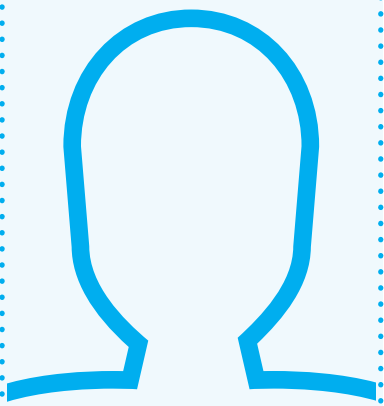
NOTES		
Any other relevant information that might assist police officers		

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Hair		Clothing Size						
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT			BACK					



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS	# CITY STATE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
School Information		
AFTER-SCHOOL ACTIVITY	DAYS	TIME
STREET ADDRESS	CITY	STATE
After-School Activities		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Babysitter Contact Information		
Child's email addresses	Child's Screennames	Frequently Visited Websites

NOTES


Any other relevant information that might assist police officers

GENERAL INFORMATION

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				CHILD'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				MOTHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				FATHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Physical Handicaps			Favorite Activities					
Particular Mannerisms			Frequently Visited Locations					
FRONT			BACK					



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.) Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		STATE
Medications		Allergies
		Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		STATE
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Emergency Adult Contact Information		STATE
PRIMARY WORK ADDRESS		WORK PHONE
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		STATE
PARENT'S NAME		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		STATE
PARENT'S NAME		

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME	PRINCIPAL'S NAME	

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
After-School Activities					

Child's email addresses	Child's Screennames	Frequently Visited Websites
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NOTES

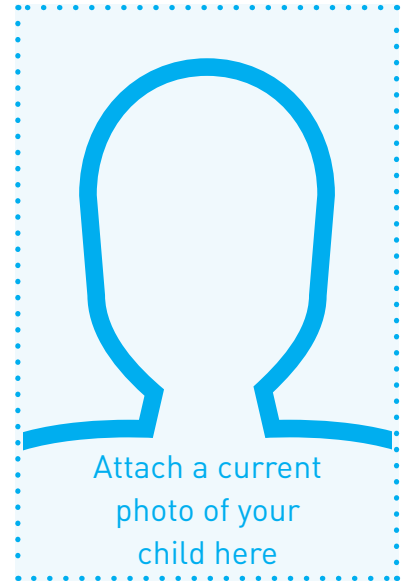
Any other relevant information that might assist police officers

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S HOME PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	MOTHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
				MOTHER'S SECONDARY WORK PHONE
				FATHER'S HOME PHONE
				FATHER'S CELL PHONE
				FATHER'S PRIMARY WORK PHONE
				FATHER'S SECONDARY WORK PHONE

IDENTIFYING CHARACTERISTICS

'	"	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Height	Weight	Weight	Hair			Clothing Size		
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT		BACK						



CHILD WEARS GLASSES
CHILD WEARS CONTACT LENSES

Nickname(s) of Child

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance	IF YES, INDICATE TYPE	

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS # CITY STATE	PRIMARY PHONE SECONDARY PHONE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
School Information		
AFTER-SCHOOL ACTIVITY	DAYS TIME	STREET ADDRESS CITY STATE
AFTER-SCHOOL ACTIVITY	DAYS TIME	STREET ADDRESS CITY STATE
After-School Activities		
Child's email addresses	Child's Screennames	Frequently Visited Websites

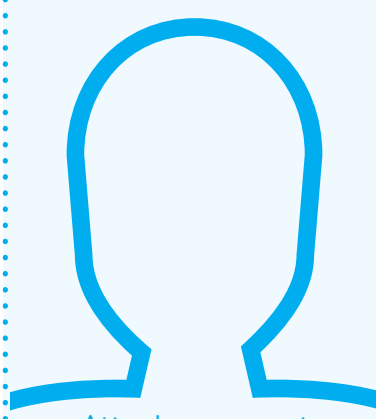
NOTES

Any other relevant information that might assist police officers

STREET ADDRESS	#	CITY	STATE	CHILD'S HOME PHONE
Child's Home Address				CHILD'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				MOTHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				FATHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE

GENERAL INFORMATION

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
		Hair		Clothing Size				
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT			BACK					



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

IDENTIFYING CHARACTERISTICS

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)

Nickname(s) of Child

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Primary Care Physician		STATE
Medications		Allergies
		Illnesses

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Dentist		STATE
[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

DENTAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Emergency Adult Contact Information		STATE
PRIMARY WORK ADDRESS		WORK PHONE

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	#	CITY
Child's Friends		STATE
PARENT'S NAME		PRIMARY PHONE
PARENT'S NAME		STATE

NAME	STREET ADDRESS	#	CITY	STATE
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME

AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE
AFTER-SCHOOL ACTIVITY	DAYS	TIME	STREET ADDRESS	CITY	STATE

Child's email addresses	Child's Screennames	Frequently Visited Websites
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NOTES

Any other relevant information that might assist police officers

GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	CHILD'S CELL PHONE MOTHER'S HOME PHONE MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE FATHER'S SECONDARY WORK PHONE

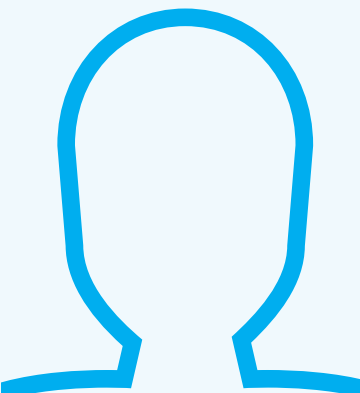
Driver's License Number	License Plate Number
Vehicle Registration Number	MAKE MODEL YEAR Vehicle Information

HEIGHT	WEIGHT	HAIR	CLOTHING SIZE
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Physical Handicaps	Favorite Activities
Particular Mannerisms	Frequently Visited Locations

FRONT	BACK

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, etc.)



Attach a current photo of your child here

CHILD WEARS GLASSES
 CHILD WEARS CONTACT LENSES

Nickname(s) of Child

IDENTIFYING CHARACTERISTICS

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

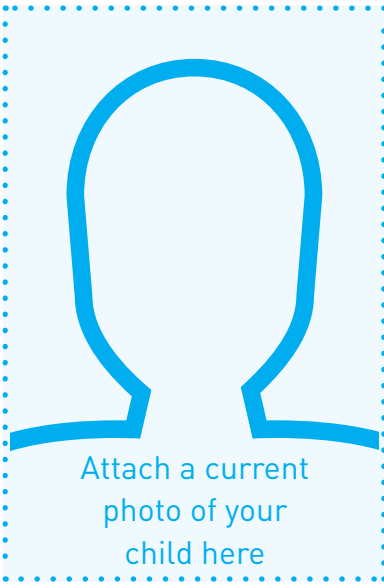
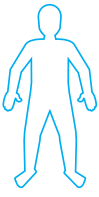
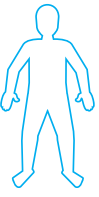
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist	[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]	
<input type="checkbox"/> Wears Braces or Other Dental Appliance	IF YES, INDICATE TYPE	

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	PARENT'S NAME
Child's Friends		
NAME	STREET ADDRESS # CITY STATE	PRIMARY PHONE SECONDARY PHONE
PRIMARY ROUTE TO SCHOOL	TEACHER'S NAME	PRINCIPAL'S NAME
School Information		
AFTER-SCHOOL ACTIVITY	DAYS TIME	STREET ADDRESS CITY STATE
AFTER-SCHOOL ACTIVITY	DAYS TIME	STREET ADDRESS CITY STATE
After-School Activities		
NAME	STREET ADDRESS # CITY STATE	PRIMARY PHONE SECONDARY PHONE SUPERVISOR'S NAME
Employment Information		
Child's email addresses	Child's Screennames	Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS		#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION				
Child's Home Address					CHILD'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	MOTHER'S HOME PHONE					
Mother's Home Address					MOTHER'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE					
Mother's Primary Work Address					MOTHER'S SECONDARY WORK PHONE					
STREET ADDRESS		#	CITY	STATE	FATHER'S HOME PHONE					
Father's Home Address					FATHER'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	FATHER'S PRIMARY WORK PHONE					
Father's Primary Work Address					FATHER'S SECONDARY WORK PHONE					
Driver's License Number		License Plate Number				 <p>Attach a current photo of your child here</p> <input type="checkbox"/> CHILD WEARS GLASSES <input type="checkbox"/> CHILD WEARS CONTACT LENSES				
Vehicle Registration Number		MAKE	MODEL	YEAR	Vehicle Information					
Height	Weight	LBS	COLOR	STYLE	LENGTH		SHIRT	PANTS	SHOE	IDENTIFYING CHARACTERISTICS
Physical Handicaps		Favorite Activities								
Particular Mannerisms		Frequently Visited Locations								
FRONT		BACK								
										
Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)										
Nickname(s) of Child										
FIRST NAME		LAST NAME		PRIMARY PHONE			MEDICAL RECORDS			
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE					
Primary Care Physician		Medications		Allergies		Illnesses				
FIRST NAME		LAST NAME		PRIMARY PHONE		DENTAL RECORDS				
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE					
Dentist		[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]								
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE								
FIRST NAME		LAST NAME		PRIMARY PHONE		OTHER CONTACT INFORMATION				
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE					
PRIMARY WORK ADDRESS		#	CITY	STATE	WORK PHONE					
Emergency Adult Contact Information		FIRST NAME		LAST NAME		PRIMARY PHONE				
STREET ADDRESS		#	CITY	STATE	PARENT'S NAME					
FIRST NAME		LAST NAME		PRIMARY PHONE						
STREET ADDRESS		#	CITY	STATE	PARENT'S NAME					
Child's Friends		STREET ADDRESS		#	CITY	STATE				
NAME		PRIMARY PHONE		SECONDARY PHONE						
PRIMARY ROUTE TO SCHOOL		TEACHER'S NAME		PRINCIPAL'S NAME						
School Information		AFTER-SCHOOL ACTIVITY		DAYS	TIME	STREET ADDRESS	CITY	STATE		
After-School Activities		AFTER-SCHOOL ACTIVITY		DAYS	TIME	STREET ADDRESS	CITY	STATE		
NAME		STREET ADDRESS		#	CITY	STATE				
PRIMARY PHONE		SECONDARY PHONE		SUPERVISOR'S NAME						
Employment Information		Child's email addresses		Child's Screennames		Frequently Visited Websites				
NOTES		Any other relevant information that might assist police officers								

GENERAL INFORMATION

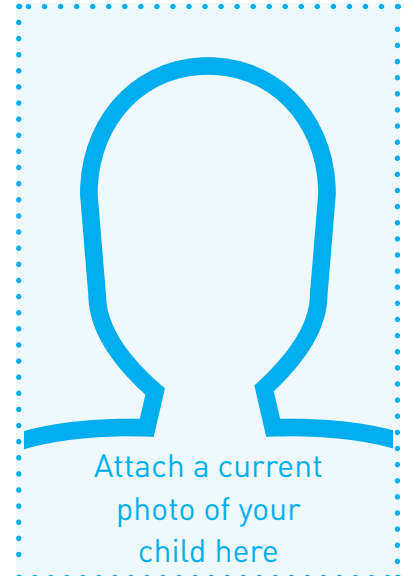
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Child's Home Address				CHILD'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S HOME PHONE
Mother's Home Address				MOTHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
Mother's Primary Work Address				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S HOME PHONE
Father's Home Address				FATHER'S CELL PHONE
STREET ADDRESS	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
Father's Primary Work Address				FATHER'S SECONDARY WORK PHONE

Driver's License Number	License Plate Number
Vehicle Registration Number	Vehicle Information
	MAKE MODEL YEAR

Height	Weight	Hair	Clothing Size
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Physical Handicaps	Favorite Activities
Particular Mannerisms	Frequently Visited Locations

FRONT	BACK



- CHILD WEARS GLASSES
- CHILD WEARS CONTACT LENSES

Nickname(s) of Child

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

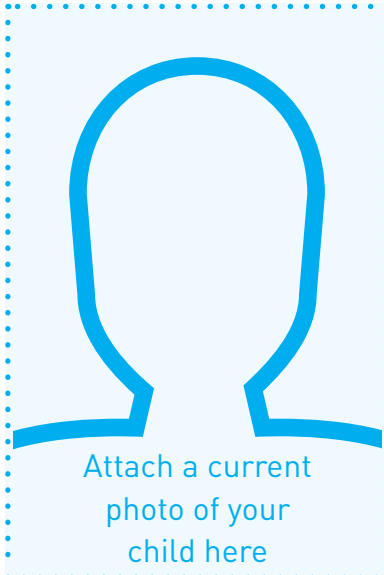

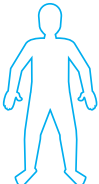
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	RELATIONSHIP TO CHILD
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	RELATIONSHIP TO CHILD
Child's Friends/Roomates		
NAME	STREET ADDRESS # CITY STATE	PRIMARY PHONE SECONDARY PHONE
School Information		
NAME	STREET ADDRESS # CITY STATE	PRIMARY PHONE SECONDARY PHONE SUPERVISOR'S NAME
Employment Information		
Child's email addresses	Child's Screennames	Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS		#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION			
Child's Home Address					CHILD'S CELL PHONE				
STREET ADDRESS		#	CITY	STATE	MOTHER'S HOME PHONE				
Mother's Home Address					MOTHER'S CELL PHONE				
STREET ADDRESS		#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE				
Mother's Primary Work Address					MOTHER'S SECONDARY WORK PHONE				
STREET ADDRESS		#	CITY	STATE	FATHER'S HOME PHONE				
Father's Home Address					FATHER'S CELL PHONE				
STREET ADDRESS		#	CITY	STATE	FATHER'S PRIMARY WORK PHONE				
Father's Primary Work Address					FATHER'S SECONDARY WORK PHONE				
Driver's License Number			License Plate Number						
Vehicle Registration Number			MAKE	MODEL	YEAR	 <p>Attach a current photo of your child here</p> <p><input type="checkbox"/> CHILD WEARS GLASSES <input type="checkbox"/> CHILD WEARS CONTACT LENSES</p>			
Vehicle Information									
'	"	LBS	COLOR	STYLE	LENGTH		SHIRT	PANTS	SHOE
Height	Weight	Hair	Clothing Size						
Physical Handicaps			Favorite Activities						
Particular Mannerisms			Frequently Visited Locations						
FRONT		BACK							
									
Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)									
Nickname(s) of Child									
FIRST NAME		LAST NAME		PRIMARY PHONE		MEDICAL RECORDS			
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE				
Primary Care Physician									
Medications			Allergies		Illnesses				
FIRST NAME		LAST NAME		PRIMARY PHONE		DENTAL RECORDS			
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE				
Dentist					[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]				
<input type="checkbox"/> Wears Braces or Other Dental Appliance			IF YES, INDICATE TYPE						
FIRST NAME		LAST NAME		PRIMARY PHONE		OTHER CONTACT INFORMATION			
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE				
PRIMARY WORK ADDRESS		#	CITY	STATE	WORK PHONE				
Emergency Adult Contact Information									
FIRST NAME		LAST NAME		PRIMARY PHONE					
STREET ADDRESS		#	CITY	STATE	RELATIONSHIP TO CHILD				
FIRST NAME		LAST NAME		PRIMARY PHONE					
STREET ADDRESS		#	CITY	STATE	RELATIONSHIP TO CHILD				
Child's Friends/Roomates									
NAME			STREET ADDRESS		#	CITY	STATE		
NAME			PRIMARY PHONE		SECONDARY PHONE				
School Information									
NAME			STREET ADDRESS		#	CITY	STATE		
PRIMARY PHONE			SECONDARY PHONE		SUPERVISOR'S NAME				
Employment Information									
Child's email addresses			Child's Screennames		Frequently Visited Websites				
NOTES									

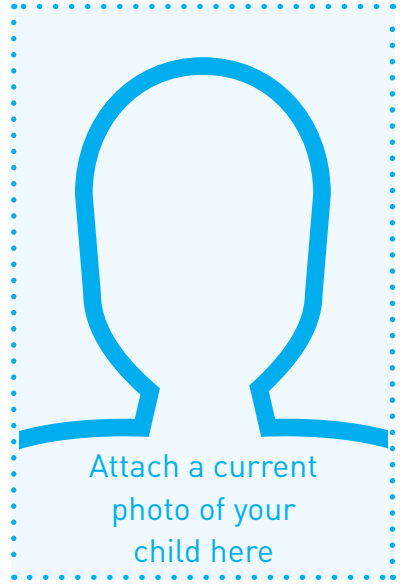
GENERAL INFORMATION

STREET ADDRESS Child's Home Address	#	CITY	STATE	CHILD'S HOME PHONE
				CHILD'S CELL PHONE
STREET ADDRESS Mother's Home Address	#	CITY	STATE	MOTHER'S HOME PHONE
				MOTHER'S CELL PHONE
STREET ADDRESS Mother's Primary Work Address	#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE
				MOTHER'S SECONDARY WORK PHONE
STREET ADDRESS Father's Home Address	#	CITY	STATE	FATHER'S HOME PHONE
				FATHER'S CELL PHONE
STREET ADDRESS Father's Primary Work Address	#	CITY	STATE	FATHER'S PRIMARY WORK PHONE
				FATHER'S SECONDARY WORK PHONE

Driver's License Number	License Plate Number
Vehicle Registration Number	Vehicle Information
	MAKE MODEL YEAR

IDENTIFYING CHARACTERISTICS

Height	Weight	LBS	COLOR	STYLE	LENGTH	SHIRT	PANTS	SHOE
Hair		Clothing Size						
Physical Handicaps					Favorite Activities			
Particular Mannerisms					Frequently Visited Locations			
FRONT			BACK					



- CHILD WEARS GLASSES
- CHILD WEARS CONTACT LENSES

Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)

Nickname(s) of Child

MEDICAL RECORDS

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Primary Care Physician		
Medications	Allergies	Illnesses

DENTAL RECORDS

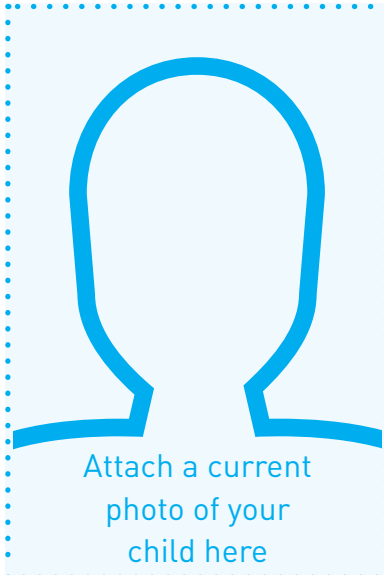

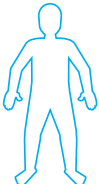
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
Dentist [ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]		
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE

OTHER CONTACT INFORMATION

FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	SECONDARY PHONE
PRIMARY WORK ADDRESS	# CITY STATE	WORK PHONE
Emergency Adult Contact Information		
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	RELATIONSHIP TO CHILD
FIRST NAME	LAST NAME	PRIMARY PHONE
STREET ADDRESS	# CITY STATE	RELATIONSHIP TO CHILD
Child's Friends/Roomates		
NAME	STREET ADDRESS	# CITY STATE
NAME	PRIMARY PHONE	SECONDARY PHONE
School Information		
NAME	STREET ADDRESS	# CITY STATE
PRIMARY PHONE	SECONDARY PHONE	SUPERVISOR'S NAME
Employment Information		
Child's email addresses	Child's Screennames	Frequently Visited Websites

NOTES

Any other relevant information that might assist police officers

STREET ADDRESS		#	CITY	STATE	CHILD'S HOME PHONE	GENERAL INFORMATION				
Child's Home Address					CHILD'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	MOTHER'S HOME PHONE					
Mother's Home Address					MOTHER'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	MOTHER'S PRIMARY WORK PHONE					
Mother's Primary Work Address					MOTHER'S SECONDARY WORK PHONE					
STREET ADDRESS		#	CITY	STATE	FATHER'S HOME PHONE	IDENTIFYING CHARACTERISTICS				
Father's Home Address					FATHER'S CELL PHONE					
STREET ADDRESS		#	CITY	STATE	FATHER'S PRIMARY WORK PHONE					
Father's Primary Work Address					FATHER'S SECONDARY WORK PHONE					
Driver's License Number		License Plate Number								
Vehicle Registration Number		MAKE	MODEL	YEAR	 <p>Attach a current photo of your child here</p> <input type="checkbox"/> CHILD WEARS GLASSES <input type="checkbox"/> CHILD WEARS CONTACT LENSES					
Vehicle Information										
Height	Weight	LBS	COLOR	STYLE			LENGTH	SHIRT	PANTS	SHOE
Hair		Clothing Size								
Physical Handicaps		Favorite Activities								
Particular Mannerisms		Frequently Visited Locations								
FRONT		BACK								
										
Indicate and describe identifying marks (birthmarks, scars, moles, piercings, tattoos, etc.)					Nickname(s) of Child					
FIRST NAME		LAST NAME		PRIMARY PHONE			MEDICAL RECORDS			
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE					
Primary Care Physician										
Medications		Allergies		Illnesses						
FIRST NAME		LAST NAME		PRIMARY PHONE			DENTAL RECORDS			
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE					
Dentist					[ATTACH COPY OF DENTAL X-RAYS, IF AVAILABLE]					
<input type="checkbox"/> Wears Braces or Other Dental Appliance		IF YES, INDICATE TYPE								
FIRST NAME		LAST NAME		PRIMARY PHONE			OTHER CONTACT INFORMATION			
STREET ADDRESS		#	CITY	STATE	SECONDARY PHONE-					
PRIMARY WORK ADDRESS		#	CITY	STATE	WORK PHONE					
Emergency Adult Contact Information										
FIRST NAME		LAST NAME		PRIMARY PHONE						
STREET ADDRESS		#	CITY	STATE	RELATIONSHIP TO CHILD					
FIRST NAME		LAST NAME		PRIMARY PHONE						
STREET ADDRESS		#	CITY	STATE	RELATIONSHIP TO CHILD					
Child's Friends/Roomates										
NAME		STREET ADDRESS		#	CITY	STATE				
PRIMARY PHONE		SECONDARY PHONE								
School Information										
NAME		STREET ADDRESS		#	CITY	STATE				
PRIMARY PHONE		SECONDARY PHONE		SUPERVISOR'S NAME						
Employment Information										
Child's email addresses		Child's Screensnames		Frequently Visited Websites						
NOTES										
Any other relevant information that might assist police officers										



New York State
Senator Greg Ball
40TH SENATE DISTRICT
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